Acceptable Care

Regulatory Perspective

The primary objective of licensed wildlife rehabilitators is to release healthy wildlife (those animals that can survive independently) back to their natural habitat. Providing high quality care to wild animals in a rehabilitation setting is critical to attaining that objective. Colorado Parks and Wildlife (CPW) recognizes that most rehabilitators are already striving to achieve a high level of animal care, whether they are the sole caregiver or have assistance from unlicensed individuals at their facility. So then why is the phrase "acceptable animal care" now included in the regulations?

CPW has recognized for some time the beneficial use of unlicensed individuals in assisting with direct animal care, whether involved formally or informally. In May, 2009, the Wildlife Commission expanded the rehabilitation regulations in Chapter 14 to formally allow rehabilitators to use unlicensed people to assist them with animal care, as long as certain requirements and conditions were met, such as training and supervision. Additionally, the Commission required the inclusion of safeguards if the result of involving unlicensed people with less knowledge and skill negatively affected the level of animal care – especially if they had substantial roles in animal care and decision-making.

The revised regulations state that rehabilitators using unlicensed people to assist with direct animal care must maintain an acceptable level of animal care. The regulations also state that the licensed rehabilitator is responsible for the actions and activities of unlicensed individuals, as well as any violations of these regulations by those individuals. As such, if CPW determines that the level of animal care is unacceptable, rehabilitators would be required to take action to improve animal care to an acceptable level. Such improvements may include changes in caging or facilities, rehabilitation practices, limiting the species and numbers of animals rehabilitated, limiting the use of unlicensed individuals in assisting with animal care, or more.

The reference in regulation to "acceptable care" is intended to establish a minimum threshold in providing animal care, and is not intended as a way to impede rehabilitation or rehabilitators. CPW sincerely appreciates rehabilitators' work with orphaned, injured, and ill wildlife. CPW also recognizes that rehabilitating wildlife is complex and difficult in many ways. While the phrase "acceptable animal care" is now included in the current regulations, it is also recognized that more completely defining what constitutes "acceptable animal care" is challenging and will develop over time.

What is meant by acceptable care and how is it determined?

At the present time, there is no one, single, clear definition or measure to determine if an "acceptable" level of animal care is being provided. A number of factors, as discussed below, can either positively or negatively affect an animal's well-being and recovery to a successful release. Some of these will be very obvious to gauge – others will be more subtle and difficult to assess. While some preliminary and working suggestions are provided below, they will likely evolve with more time, research, discussion and experience.

The list below is not meant to be all-inclusive, but does present some of the contributing factors that serve to have major impact on the quality of animal care provided.

Factors contributing to acceptable animal care.	Examples of positive performance indicators and comparative measures.
Caging and Facilities. The environment in which an animal is confined during rehabilitation can influence quality of care and ultimate recovery. Chapter 14 outlines the basic regulatory requirements for cage design and characteristics. For migratory birds, the USFWS regulations provide further details and requirements.	 Caging adheres to regulatory requirements. Facilities/ outdoor cages locked at all times. Minimal or no escapes, and no unwanted intrusions by humans or other animals. Cages not overcrowded – room to move about. Proper lighting, ventilation and ambient temp. Cages are clean and relatively free of waste. No obvious strong or offensive odors. Barriers exist to minimize stress, and separation from humans and domestics. Animals are not caged near predators or domestic animals. Caging matched with age and needs of the animal. Species-specific quarantine spacing and timing available and strictly followed. No parasites or pests, or evidence of their adverse impacts on wildlife in confinement. Presence of appropriate type and amount of species- specific diet, and clean water. Nesting and/or bedding materials are available and clean. Shelter within cages as needed. Adequate separation of wildlife held under other licenses.
Humane and timely euthanasia for animals. This is critical for animals that cannot recover to survive on their own, have health problems from which they are unlikely to recover at all or in some 'reasonable' time, are prohibited from rehabilitation, or other clearly specified reasons.	 Absence of animals on-site with injuries or conditions that would prevent successful release. Absence of animals on-site in obvious, untreatable pain and suffering. Records clearly indicate timing of euthanasia decision (most occur within the first 4 days of rehabilitation). Records and protocols document humane methods used to euthanize animals (and/or DVM assistance).
<i>First aid is provided in a timely and</i> <i>effective manner</i> . It is recognized that many wild animals are injured or ill when they are presented to rehabilitation. Veterinarians direct rehabilitators to initiate first aid to these wild patients in a timely manner, such as placing an animal that is in shock on heat, providing appropriate fluids to dehydrated patients, and cleaning minor wounds. Not providing immediate first aid or allowing long delays may result in a worsening of the animal's condition.	 Presence of first aid supplies, such as medications, hydrating fluids, bandages, etc. Presence of stabilization equipment, such as smaller, restricted movement caging, heating pads or incubators, etc. Records and protocols should reflect the nature and timing of first-aid species-specific treatments. DVM advice and assistance should be noted in the records. For comparative purposes, the statewide average mortality rate (DOA, euthanized or died) <i>DURING</i> the first 4 days as a percentage of annual caseload is 33% for birds and 20% for mammals. Significant variations from this average should be explainable.

Veterinary care. A close working relationship with a DVM helps to insure that veterinary care is provided when more advanced diagnostics and treatments are needed.	 Solid working relationship with one or more DVMs. DVM knowledgeable of / approves medical treatments. Records indicate DVM visits (per individual animal) and treatments administered or recommended.
Animals become healthier during rehabilitation. Animals should not deteriorate or develop health problems due to actions or conditions in rehabilitation, such as injuries, transmission of parasites, respiration problems (aspiration), diarrhea (overfeeding or improper diets), or developing diseases (e.g., nutritional disorders, distemper). While occasional mishaps occur, efforts should be made to prevent, minimize and fix problems. There should not be a continuing pattern or worsening of problems that can be resolved, such as implementing effective quarantine, safe handling, repairing cages, and feeding appropriate diets.	 Individual animal records indicate sustained growth rates and/or improvements. For comparative purposes, the statewide average mortality rate (DOA, euthanized or died) <i>AFTER</i> the first 4 days of rehabilitation as a percentage of annual caseload is 8% for birds and 10% for mammals. Significant variations from this average should be explainable. Mortality after the first 4 days should be primarily from unrecoverable disease or injury. Mortality after first 4 days caused by rehabilitator husbandry practice should be minimal. Mortality due to husbandry practice should be analyzed for future prevention. Current rehabilitation reference materials should be available (books, field guides, etc.). Continuing education should be pursued on some regular basis (classes, conferences, etc.).
Animals are appropriately imprinted on their own species. Animals are not imprinted on or habituated to people. While it is understood that people provide care for animals during rehabilitation, the animals should not be seeking out people for food or companionship.	 Pre-weaned animals should be handled only for medical or feeding purposes. Pre-release (weaned) animals should receive very minimal human contact. Singles of a species should be raised together (after quarantine and if socially / territorially appropriate). Older juvenile or adult animals in rehabilitation should hide or try to escape when approached by humans.
Appropriate length of time in captivity. Length of time in rehabilitation is as long as needed for animal to recover from health problems, grow and develop to be able to live independently – but not longer than it needs to recover, reach maturity, reach the appropriate season for it to be released.	 Records should clearly indicate total time in captivity. Average time in captivity for a species group should not deviate significantly from statewide averages. Records indicate Division approval for captivity time exceeding 365 days.
Appropriate release. Animals should be released in an appropriate wild habitat at an appropriate time of year, and only when the animal has fully developed or recovered and can survive independently.	 Releases are appropriate as to timing and location. Animals are ready for independent living upon release. Releases are within 10 miles of capture point unless otherwise approved by the Division. Releases are designed to minimize future human conflicts.

A perspective on release rate as an indicator of acceptable care

Release is certainly a primary goal of rehabilitation. Release rate can help rehabilitators look at the 'big picture' from a year or trends from multiple years, or comparing release rates of species working with comparable species, ages, and conditions of animals. But only considering release rate as a 'raw' percentage can be misleading.

For example, rehabilitators working with many adult animals that arrive with more severe health problems may have a lower release rate than those working primarily with juvenile animals. Rehabilitators that work with that receive numerous animals infected with severe disease, such as West Nile Virus, Distemper, or Parvovirus, are likely to see a lower release rate. On the flip side, rehabilitators who only work with healthy orphans tend to have a higher release rate. Recent research has shown that rehabilitators who specialize in rehabilitating types of animals and develop more expertise with those may have higher release rates than those rehabilitating more varied species. Many things can affect release rate.

Release rate can be calculated in a variety of different ways. So unless the same formula and types of numbers are used, release rates may not be comparable. The possibility of getting some helpful information from this is certainly improved if same formula is used.

Then, assuming the calculated formula is consistent, release rates are different for different types of animals. This makes it more helpful to compare the release rates with similar types of animals, such as raptors to raptors, passerines to passerines, rabbits to rabbits.

Plus, placing too much emphasis on release rate could cause people to release animals that are not fully recovered from health problems, old enough to live independently, or in an appropriate season or time of year them (e.g., others of the species have migrated), or to not euthanize animals that are unlikely or unable to survive due to a numbers exercise. Over emphasis on release rate also decrease attention to other important considerations, such as minimizing an animal's stress.

Examining one's own release rate and comparing that same calculation to similar species can provide useful insight into one's rehabilitation practices. For example, would different quarantine and disease control methods reduce or prevent the transmission of disease within a rehabilitation facility? Would better and more timely first aid and medical treatments help animals recover more fully and faster? Would different diets help animals recover and grow faster? Would better feeding techniques reduce risks of aspiration? Would changes in cage design and materials help animals recover and reduce risk of injuries to animals and people? Would having more skilled volunteers help getting the work done and prevent problems during rehabilitation and recovery? Looking at factors that contribute to release can be very helpful.

Thus, while release rate can provide useful information and insight, it is only one of many components that should be considered when determining 'acceptable animal care.'